

## INCIDENT REPORT

### EMPLOYEE SECTION

This section is to be completed by the employee with their supervisor.

**Check all that apply:**

☐ Property Damage

☐ Incident with Medical Treatment

☐ Incident without Medical Treatment

Date of incident

Time

Location of incident

Name of Person(s) Involved (*Please Print*)

1. Description of incident: \_\_\_\_\_  
\_\_\_\_\_
2. Description of extent of injury and body part injured: \_\_\_\_\_  
\_\_\_\_\_
3. Treating physician/medical facility, if needed: \_\_\_\_\_
4. Witness(es) to the incident: \_\_\_\_\_
5. How could the incident/accident have been prevented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature

Date

### SUPERVISOR'S INVESTIGATION SECTION

1. Nature of injury or illness (Body part): \_\_\_\_\_  
\_\_\_\_\_
2. Object/equipment/substance which inflicted injury or caused illness: \_\_\_\_\_  
\_\_\_\_\_
3. Description of event (Who, What, How): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ANALYSIS OF CAUSES

4. Primary and contributing causes: \_\_\_\_\_  
\_\_\_\_\_
5. Would safety equipment or training have prevented the accident? \_\_\_\_\_  
\_\_\_\_\_
6. Corrective action taken (Ex. Remove the hazard, replace, repair, or retrain on proper procedure) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigated by:

Date

Management Review

Date